



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
Subsidized Guardianship Program Special Subsidy Request
(To be completed by the relative foster parents or relative guardians)

Child's Name

SSN

Date of Birth

Name of Legal Guardian

Child's FSW or Adoption Specialist

For Special Subsidy Requests (i.e., for a guardianship subsidy request that is greater than the child's current foster care board payment or current guardianship subsidy), please describe the child's unique medical, emotional, or behavioral condition which requires special and additional care of supervision, beyond that of a typical child. Please be specific and provide an estimated expense summary of services which is necessary to meet the special needs of the child and/or a description of any high-level care routine provided by the relative(s) to meet the child's special needs. Attach supporting documents as applicable.

Relative Foster Parent or Legal Guardian's Signature

Date

Relative Foster Parent or Legal Guardian's Signature

Date